

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90024 050 ****61.25

DOCUMENT # 720677 1. Entity Name JUPITER ISLAND RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 12450 SE DIXIE P.O. BOX 1551 HOBE SOUND, FL 33455				Mailing Address PO BOX 1551 HOBE SOUND, FL 33475	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1004927	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KRISKE, MARY 6412 SHERWOOD ST HOBE SOUND, FL 33455				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	SPURGON, JIM		NAME	Spurgon, Jim	
STREET ADDRESS	12 N BEACH RD		STREET ADDRESS	12 N. Beach Road	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	P	☒ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	VICENZI, JOYCE		NAME	Pidot, Jeanne	
STREET ADDRESS	10 SADDLER TRAIL		STREET ADDRESS	25 Gomez Road	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HOTCHKISS, WIN		NAME		
STREET ADDRESS	154 S BEACH RD		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MAHONEY, JEAN B		NAME		
STREET ADDRESS	102 PALMETTO TRAIL		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Win Hotchkiss</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>Treasurer</i> Signature		
			Date <i>03/26/08</i>		
			Daytime Phone # <i>772-545-0022</i>		

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